

IMMUNIZATION CLINIC: VACCINE ADMINISTRATION RECORD

Clinic Site _____

Contact Person: _____ Phone: _____

Vaccine Administrator: Make sure to give the patient or legal representative the most recent copy of the Vaccine Information Statement (VIS) which explains risks and benefits of vaccine for each dose of vaccine given.

Use a separate line for each dose of vaccine

[illegible]

* Site given: RA = right arm, LA = left arm, RL = right leg, LL = left leg, RH = right hip, LH = left hip, Route given: O = oral, SC = subcutaneously, IM = intramuscularly, ID = intradermally

Signature of Vaccine Administrator	Initials	Signature of Vaccine Administrator	Initials	Signature of Vaccine Administrator	Initials